

## CASE PLANNING

### Case Plan Monitoring: Contact Standards

36-5

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#### Policy

All children and families with whom the Department of Children and Families is involved shall be visited regularly by the assigned Social Worker to assess progress and to assure that appropriate, effective services are provided to achieve the case goal and the needs of the family.

Every interaction with a child and family shall be purposeful and derive from the case plan. During each contact, the Social Worker shall make concerted efforts to ensure that he or she sees each child and talks to him or her alone. The Social Worker shall make concerted efforts to contact each parent, guardian or other caregiver.

Visits shall be frequent enough to effectively address the child's safety, permanency and well-being and achievement of case goal.

**See also:** "[Case Planning Practice Guide](#)."

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#### Identification of "Family"

The specific definition of "family" - which household members must be visited - and the type of visitation that must occur shall be discussed and decided in supervision and shall be documented in a Supervisory Conference Note during each period under review.

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#### Mandatory Visitation with Parents

The Social Worker shall visit with the parents in all case types including APPLA, permanency and Voluntary Services. Visitation is required unless any of the following situations exist:

- a parent is deceased;
- the whereabouts of a parent are unknown and there is documentation of DCF's ongoing concerted efforts to locate him or her;
- a parent has indicated he or she does not want to be involved in the child's life after contact and concerted efforts to engage have been made by DCF;
- Social Worker visitation with a parent would not be in the child's best interests (e.g., the parent is abusive and his or her contact with the child continues to pose unmanageable risks) and the reasons are clearly documented in the case record; and
- parental rights have been terminated and there are no further plans for parental involvement.

The plan for visitation between the Social Worker and the parents shall be reassessed every six months or as circumstances change. The reasons for a decision to not visit a parent shall be documented at least once every six months.

**See also:** "[A Practice Guide to Purposeful Visitation](#)."

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#### Minimum Contact Standard for In-Home Cases

The ongoing Social Worker shall visit the family once per week for the 30 days after transfer from intake. After the first 30 days, the Social Worker shall visit with the child(ren) where the child(ren) resides twice per month and shall visit with the parents, guardian or other caregiver twice per month.

**Note:** This standard shall also apply following a child's return home from placement.

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#### Minimum Contact Standard for High Risk Newborns

If a high risk newborn report is substantiated, the Social Worker shall provide or arrange for intensive in-home supervision of the infant and services to begin within three days of discharge from the hospital.

In-home visits shall occur at least twice a week for at least four weeks.

In-home supervision and services may be provided by any of the following, as appropriate:

- DCF staff;
  - parent aides;
  - public health nurses;
  - Visiting Nurse Association; or
  - other Regional contracted services.
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#### Minimum Contact Standard for the Child in Placement Cases

Out-of-home care shall include:

- traditional foster care;
- relative foster care;
- pre-adoptive foster care;
- residential care;
- Safe Home care; or
- group home care.
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When a child is placed in any of the above out-of-home placements, the Social Worker shall visit the child as follows:

- following all placements, in-person contact shall occur within two working days;
- weekly contact for the first month after transfer from intake to on-going services; and
- in-person contact shall occur at least once per month thereafter.

**Cross references:** DCF Policy [36-15-1.3](#), "Responsibilities of Treatment Workers: Out of State Visitation Standards;" and DCF Policy [47-3-3](#), "Placement of a Child from Connecticut into Another State."

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**Minimum  
Contact  
Standard for  
the Parent in a  
Child in  
Placement Case**

Contact is expected with parents (*i.e.*, biological, legal guardian or adoptive) of children having permanency goals of reunification, APPLA, transfer of guardianship and adoption.

The Social Worker shall have contact with the parents as follows:

- when the child's permanency plan or concurrent plan is reunification, face-to-face contact shall occur at least once per month with the parent(s) with whom the child will reunify;
- when the permanency plan is other than reunification, face-to-face contact or telephone contact shall occur at least once per month.

In cases in which there is less than monthly contact with a parent, the record shall reflect substantial justification for the deviation from the minimum standard. This shall be reassessed at least once every six months.

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**Minimum  
Contact  
Standard with  
Child in  
Placement  
Caregivers**

Regular contacts shall include (and be inclusive of all case-related children placed in that setting, regardless of permanency goal):

- relative foster parents;
- traditional foster parents;
- pre-adoptive foster care;
- residential caregivers; and
- all other congregate-setting caregivers.

The Social Worker shall contact the caregivers as follows:

- following all placements, in-person contact within two working days;
  - weekly contact for the first month after transfer from intake to on-going services; and
  - in-person contact at least once per month thereafter.
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**Minimum Contact Standard with Parent (when Children are in the Home and there is at least One Child in Placement)**

The Social Worker shall contact a parent who has a child in the home and at least one child in placement as follows:

- in-person contact at least twice per month when there are moderate to high risk factors regarding the child(ren) in the home; or
- if the assessment of risk is determined to be low, in-person contact at least once per month.

Contacts with parents in this type of case shall address issues pertaining to the safety, permanency, and well-being of the child in placement, promote achievement of the CIP case goal and actively involve the parent in case planning for the child in placement, as well as any risk and safety factors impacting the children in the home.

In cases in which there is less than monthly contact with a parent, the record shall reflect substantial justification for the deviation from the minimum standard. This shall be reassessed at least once every six months.

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**Minimum Contact Standard with Children (when Children are in the Home and there is at least One Child in Placement)**

Contact with the child in placement shall be at least monthly.

Contact with the children remaining in the home shall be determined by the risk and safety factors as well as the case goal.

The Social Worker shall have face-to-face contact with the children in the home as follows:

- twice per month when there are moderate to high risk factors regarding those children; or
  - less than twice per month in cases in which the assessment of risk is determined to be low and there is an assessed need for less than twice per month contact (this shall require substantial justification in the record and be reassessed at least once every six months).
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**Minimum Contact Standards for Child Placed in a STAR Facility or Detention**

The Social Worker shall have in-person contact with a child placed in a STAR Facility or in Detention and with his or her facility staff at least twice per month at the placement setting until placement in such setting ends.

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#### **Minimum Contact Standards for Child Placed in a Hospital**

Whenever a child in DCF care is hospitalized *for any reason*, a formal plan for support and visitation shall be developed and implemented within two business days of admission for unplanned or emergency admissions and at the time of admission for planned admissions.

The plan shall be informed by appropriate medical and clinical consultations with providers involved in the child's care and the nature of the child's primary relationships and existing supports. The assigned Social Worker and Social Work Supervisor are responsible for the formulation, execution and documentation of the plan.

**Note:** Please see Commissioner's memorandum dated [7/27/11, "Hospital Support and Visitation Plan,"](#) for the detailed protocol for determining hospital visitation standards.

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#### **Provider Contact Standard**

The Social Worker shall contact each service provider, including any professional who is assisting with assessment services, at least once per month in person or by telephone. Documented written reports and emails are also acceptable forms of provider contact.

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#### **Assessment and Documentation**

The frequency and quality of Social Worker visits and contacts are strongly associated with the following:

- the adequate assessment of risk to the child;
- the identification of the needs for and the provision of services to the child, parents and other caregivers including trauma histories and related impact on functioning, current trauma reactions, and the status of any trauma assessments and treatment services; and
- the effective involvement of the child and parents in their case planning.

**Note:** For further clarification of case practice in regard to assessment and documentation, please see "A Practice Guide to Purposeful Visitation," pp. 13-16.

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